

Duo Homecare Limited

Duo Homecare

Inspection report

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Tel: 07905822906

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Duo Homecare provides personal care for people in their own home. There were 16 people receiving services for which CQC registration was required at the time we inspected.

People's experience of using this service and what we found

People who used the service and their relatives told us staff were compassionate, well-trained and professional. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being managed safely.

People were protected against avoidable harm, abuse, neglect and discrimination. The care and support they received was safe.

People's likes, preferences and dislikes were assessed, and care packages met people's expectations and needs. Care plans were up to date and very detailed as to what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision and spot checks, where they could discuss their ongoing development needs.

People and their relatives knew how to use the provider's complaints procedures. The registered manager sought regular customer feedback in the form of questionnaires and care reviews. People, relatives and staff were complimentary of the registered manager/provider stating they were extremely friendly, approachable and very experienced. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was good [published 14 September 2017].

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below,

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Duo Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission [who was also the provider]. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 February 2020 and ended on 20 February 2020. We visited the office location on 19 February 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, senior care worker, and a care worker.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People had access to information regarding safeguarding to help them identify and report any concerns themselves, if they wished to do so.
- Staff demonstrated they understood how to safeguard people from the risk of abuse. The registered manager knew how to report and deal with any safeguarding concerns appropriately.

Assessing risk, safety monitoring and management

- People told us they felt safe with the staff that supported them. One person told us, "I really didn't want to use a care service, but I think it's the best thing I've ever done. The staff are wonderful."
- Risks to people's safety had been assessed and managed well. The staff we spoke with had a good knowledge of how to support people to manage their individual risks. For example, one staff member told us, how they were monitoring a person's food and drink intake to ensure people were not at risk of dehydration. One staff member told us, "I always make sure I leave [person's name] with a jug of juice, close by to them, to encourage them to drink."

Staffing and recruitment

- People benefitted from a small familiar staff team, which included both the registered manager and the co-owner providing regular "hands on" care and support to people using the service. The registered manager told us, "It's our choice to do this, giving direct care and support to people means we can fully understand what our clients need. It helps them because they trust us."
- Records showed staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with people in their own homes.

Using medicines safely

- Where people required support from staff to administer their medication, staff had received training and had been observed when administering medicines to ensure they were competent to do so.

Preventing and controlling infection

- People were protected against the risk of infections.
- Staff were provided with protective equipment such as gloves and aprons. Staff told us, they used these appropriately to help reduce risks of cross contamination when providing care. A relative commented, "The staff always wear their aprons and gloves."

Learning lessons when things go wrong

- Records were kept in relation to any accidents or incidents that had occurred, including falls. The

registered manager checked and investigated all accident and incident to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives confirmed their needs were assessed before they started to use the service. One relative told us, "A full assessment was completed. They discussed with us how [person's name] likes to be supported. It's worked because they are so relaxed with staff."
- People's care plans were very detailed for staff to follow and care and support regularly reviewed.

Staff support: induction, training, skills and experience

- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as the role of the care worker, confidentiality, moving and handling and the completion of the Care Certificate. The Care Certificate is a set of nationally recognised induction standards.
- Staff told us they were provided with good training which they enjoyed. A relative told us, "The staff are very professional, you can tell they know what they are doing."
- Staff had regular supervision and appraisal, which they told us they found useful. They also described management spot checks in people's homes, which focused on issues such as professional appearance, confidentiality, manual handling, bathing, infection control and food preparation.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. One person told us, "The staff make sure I'm eating and drinking enough."
- People's care records showed how people's dietary needs for example, we saw where necessary people's food intake was recorded and monitored.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies and professionals to ensure people received effective care. One social care professional had complimented the provider writing, "Let's just say what a wonderful service you have given, consistent, responsive and very caring. Keep up the good work."

Supporting people to live healthier lives, access healthcare services and support

- Where people required advice and support from other professionals this was arranged, and staff followed guidance provided by such professionals
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA. Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received. The registered manager was aware of their legal responsibilities under the Act.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt respected and valued. Comments included, "I didn't want carers coming into my home, but because of my illness I had to. Now I'd say it's the best thing I ever done. The staff are wonderful."
- A relative told us, "This is the second company I've used, but the staff here are so much better they really care. [relative's name] can be difficult due to their dementia, but the staff are very relaxed with them and they get on well."
- Staff spoke passionately about the care and support they offered to people. One staff member told us, "It's really good working here because we are a small company and we have the same clients, so get to know them all really well and build positive relationships."

Supporting people to express their views and be involved in making decisions about their care

- Records showed people who used the service and relatives were involved in care planning and reviews. One person told us, "At my last review about a month ago, I told them I was not just happy about the care and support I was ecstatic."
- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People's diverse needs were recorded. Staff demonstrated a broad knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could describe, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- People told us, they were treated with dignity and respect, comments included, "I was worried about carers [staff] helping me to have a shower, but I needn't have worried because staff treat you exactly how they would like to be treated."
- Staff treated people with dignity and respect. Staff explained how they maintained people's dignity whilst delivering care. Staff told us, they always ensured doors and curtains were closed when delivering personal care and ensured people were covered up as much as possible.
- People were supported to stay as independent as possible. Staff had guidance available to them where people required equipment to stay mobile. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence. For example one person told us, "Whilst I try to get myself up the staff help get my breakfast

ready for me. There is always a cup of tea ready for me when I get downstairs."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person using the service had a very detailed, individualised care plan based on the assessment of need. People confirmed they had been involved and their opinions considered. One person told us, "A full assessment was done with us before the visits from staff started."
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Care plans were reviewed monthly or when anything changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager confirmed information was available in different formats (larger font) and in different languages if required.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the registered manager. One person said, "I've never had to complain about anything but if I did, I'd phone [registered manager's name]."

End of life care and support

- No one was receiving end of life care from the provider at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider who is also the registered manager promoted a positive very caring culture and teamwork. Both the registered manager and their business partner regularly delivered care and support to people who used the service.
- People told us they liked the registered manager and one person told us, "It's not just a job for them, they care about both of us. They never fail to ask how I am too, which doesn't happen often for the relative caring for their partner."
- The registered manager and their business partner met regularly to discuss continuous development of the service and make improvements. We saw records confirming actions were taken to review people's care, their feedback, work performance and governance systems.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and their partner understood the need to open and transparent. An example of this was when the registered manager requested advice about the provider's website. They sought further advice from the Care Quality Commission to rectify the problem immediately.
- The registered manager understood their legal responsibility to notify CQC about certain important events and were aware on how to work in an open and transparent way. There had been no incidents which required a report or notification to be sent to CQC since registration.
- Staff were clear and understood their roles and responsibilities and felt supported in their day to day work. One staff told us, "It's a wonderful company to work for, they really care about the people we support. We have regular supervisions and spot checks so do feel supported."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- People and relatives told us, they had been involved with the planning and delivery of their care and felt listened to. One person told us, "You can tell they [staff] have got experience – they do things the way I like... they are absolutely wonderful."
- The provider had systems in place to regularly gather and action people's comments regarding the quality of the service. We saw the last questionnaire sent out to people resulted in 100% positive responses, which also included comments such as, "I couldn't be happier with the care I receive." Another person wrote, 'Very

satisfied with all the carers. Nothing is a problem.'

Working in partnership with others

- The registered manager worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us, the service had worked with the local Clinical Commissioning Groups (CCG), social workers and the local authority. This provided the registered manager with a wide network of people they could contact for advice.